

| United States Bankruptcy Court<br>WESTERN DISTRICT OF MISSOURI   |  | Voluntary Petition  |
|--|--|---|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>McKnight, Todd Michael</b>  |  | Name of Joint Debtor (Spouse)(Last, First, Middle):   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):<br><b>NONE</b>  |  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>5021</b>   |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):  |
| Street Address of Debtor (No. & Street, City, and State):<br><b>RR 2, Box 104</b><br><b>Sheldon MO</b>   |  | Street Address of Joint Debtor (No. & Street, City, and State):   |
|  |  | ZIPCODE<br><b>64784</b>   |
| County of Residence or of the Principal Place of Business: <b>Vernon</b>   |  | County of Residence or of the Principal Place of Business:  |
| Mailing Address of Debtor (if different from street address):<br><b>SAME</b>   |  | Mailing Address of Joint Debtor (if different from street address):   |
|  |  | ZIPCODE   |
| Location of Principal Assets of Business Debtor (if different from street address above): <b>NOT APPLICABLE</b>  |  | ZIPCODE   |
| <b>Type of Debtor</b> (Form of organization)<br><br>(Check one box.)<br><br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)   | <b>Nature of Business</b><br>(Check one box.)<br><br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (5B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)<br><br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13   |
|  |  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).   |
| <b>Filing Fee</b> (Check one box)<br><br><input checked="" type="checkbox"/> Full Filing Fee attached<br><br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. |  | <b>Chapter 11 Debtors:</b><br><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.<br><br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| <b>Statistical/Administrative Information</b>  |  | THIS SPACE IS FOR COURT USE ONLY  |
| <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><br><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |  |   |
| <b>Estimated Number of Creditors</b><br><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000   |  |   |
| <b>Estimated Assets</b><br><input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                     |  |   |
| <b>Estimated Liabilities</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                |  |   |

|  |   |   |
|--|---|---|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>  |   | Name of Debtor(s):<br><b>Todd Michael McKnight</b>  |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)  |   |   |
| Location Where Filed:<br><b>NONE</b>   | Case Number:  | Date Filed:   |
| Location Where Filed:  | Case Number:  | Date Filed:   |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |   |   |
| Name of Debtor:<br><b>NONE</b>   | Case Number:  | Date Filed:   |
| District:  | Relationship:   | Judge:  |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)  |   | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts)<br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition  | <b>X</b><br><i>/s/ Corey M. Swischer</i><br>Signature of Attorney for Debtor(s) | <b>12/08/2008</b><br>Date   |
| <b>Exhibit C</b>   |   |   |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No  |   |   |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)   |   |   |
| <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition.<br>If this is a joint petition:<br><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.   |   |   |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)  |   |   |
| <input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  |   |   |
| <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.   |   |   |
| <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |   |   |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)  |   |   |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  |   |   |
| (Name of landlord that obtained judgment)  |   |   |
| (Address of landlord)  |   |   |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  |   |   |
| <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  |   |   |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).   |   |   |

|  |  |  |
|--|--|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>  |  | Name of Debtor(s):<br><b>Todd Michael McKnight</b> |
| <b>Signatures</b>  |  |  |
| <p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X /s/ Todd Michael McKnight</b></p> <p>Signature of Debtor</p> <p><b>X</b></p> <p>Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney)</p> <p><b>12/08/2008</b></p> <p>Date</p>  |  |  |
| <p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b></p> <p>(Signature of Foreign Representative)</p> <p>(Printed name of Foreign Representative)</p> <p><b>12/08/2008</b></p> <p>(Date)</p>   |  |  |
| <p><b>Signature of Attorney*</b></p> <p><b>X /s/ Corey M. Swischer</b></p> <p>Signature of Attorney for Debtor(s)</p> <p><b>Corey M. Swischer 52013</b></p> <p>Printed Name of Attorney for Debtor(s)</p> <p><b>Corey M. Swischer</b></p> <p>Firm Name</p> <p><b>110 N. Cedar St.</b></p> <p>Address</p> <p><b>P.O. Box 565</b></p> <p><b>Nevada MO 64772</b></p> <p><b>(417) 667-3091</b></p> <p>Telephone Number</p> <p><b>12/08/2008</b></p> <p>Date</p>  |  |  |
| <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p><b>X</b></p> <p>Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> |  |  |
| <p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b></p> <p>Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p><b>12/08/2008</b></p> <p>Date</p>   |  |  |
| <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>  |  |  |

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI

In re **Todd Michael McKnight**

Case No.  
Chapter 7

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Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**WARNING:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*

*[Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Todd Michael McKnight

Date: 12/08/2008

## B22A (Official Form 22A) (Chapter 7) (01/08)

In re Todd Michael McKnight  
Debtor(s)

Case Number: \_\_\_\_\_  
(If known)

According to the calculations required by this statement:

The presumption arises.

The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

### Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

|    |   |
|----|---|
| 1A | If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.<br><br><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.<br><br><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.   |

### Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

|    |  |   |   |        |    |   |        |    |                                     |                             |        |    |
|----|--|---|---|--------|----|---|--------|----|-------------------------------------|-----------------------------|--------|----|
| 2  | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.  | <b>Column A</b><br><b>Debtor's Income</b> | <b>Column B</b><br><b>Spouse's Income</b> |        |    |   |        |    |                                     |                             |        |    |
| 3  | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>  | \$3,031.21                                | \$  |        |    |   |        |    |                                     |                             |        |    |
| 4  | <b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.<br><b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="margin-left: 20px;"> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table> | a.  | Gross receipts                            | \$0.00 | b. | Ordinary and necessary business expenses  | \$0.00 | c. | Business income                     | Subtract Line b from Line a | \$0.00 | \$ |
| a. | Gross receipts   | \$0.00                                    |   |        |    |   |        |    |                                     |                             |        |    |
| b. | Ordinary and necessary business expenses   | \$0.00                                    |   |        |    |   |        |    |                                     |                             |        |    |
| c. | Business income  | Subtract Line b from Line a               |   |        |    |   |        |    |                                     |                             |        |    |
| 5  | <b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="margin-left: 20px;"> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>  | a.  | Gross receipts                            | \$0.00 | b. | Ordinary and necessary operating expenses | \$0.00 | c. | Rent and other real property income | Subtract Line b from Line a | \$0.00 | \$ |
| a. | Gross receipts   | \$0.00                                    |   |        |    |   |        |    |                                     |                             |        |    |
| b. | Ordinary and necessary operating expenses  | \$0.00                                    |   |        |    |   |        |    |                                     |                             |        |    |
| c. | Rent and other real property income  | Subtract Line b from Line a               |   |        |    |   |        |    |                                     |                             |        |    |
| 6  | <b>Interest, dividends, and royalties.</b>   | \$0.00                                    | \$  |        |    |   |        |    |                                     |                             |        |    |

|    |  |               |              |            |    |
|----|--|---------------|--------------|------------|----|
| 7  | <b>Pension and retirement income.</b>  |               |              | \$0.00     | \$ |
| 8  | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.<br>Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is incompletely.   |               |              | \$0.00     | \$ |
| 9  | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9.<br>However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  |               |              | \$0.00     | \$ |
|    | Unemployment compensation claimed to be a benefit under the Social Security Act  | Debtor \$0.00 | Spouse _____ | \$0.00     | \$ |
| 10 | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b><br>Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. |               |              | \$0.00     | \$ |
|    | a.   | 0             |              | \$0.00     | \$ |
|    | b.   | 0             |              | \$0.00     | \$ |
|    | Total and enter on Line 10   |               |              | \$0.00     | \$ |
| 11 | <b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).   |               |              | \$3,031.21 | \$ |
| 12 | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   |               |              | \$3,031.21 |    |

### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

|    |   |  |  |             |
|----|---|--|--|-------------|
| 13 | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.   |  |  | \$36,374.52 |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)<br>a. Enter debtor's state of residence: MISSOURI      b. Enter debtor's household size: 4  |  |  | \$67,761.00 |
| 15 | <b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.<br><input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.<br><input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement. |  |  |             |

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).**

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

|    |  |  |  |    |
|----|--|--|--|----|
| 16 | Enter the amount from Line 12.   |  |  | \$ |
| 17 | <b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. |  |  | \$ |
|    | a.   |  |  | \$ |
|    | b.   |  |  | \$ |
|    | c.   |  |  | \$ |
|    | Total and enter on Line 17   |  |  | \$ |

|    |   |    |
|----|---|----|
| 18 | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. | \$ |
|----|---|----|

## Part V. CALCULATION OF DEDUCTIONS FROM INCOME

### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

|     |  |                              |    |  |    |    |  |    |    |                             |                              |    |
|-----|--|------------------------------|----|--|----|----|--|----|----|-----------------------------|------------------------------|----|
| 19A | <b>National Standards: food, clothing, and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |                              | \$ |  |    |    |  |    |    |                             |                              |    |
| 19B | <b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.  |                              | \$ |  |    |    |  |    |    |                             |                              |    |
| 20A | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).  |                              | \$ |  |    |    |  |    |    |                             |                              |    |
| 20B | <b>Local Standards: housing and utilities; mortgage/rent expenses.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b> <table border="1" style="margin-top: 5px; width: 100%;"> <tr> <td style="width: 30%;">a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table> |                              | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a. | \$ |
| a.  | IRS Housing and Utilities Standards; mortgage/rental expense   | \$                           |    |  |    |    |  |    |    |                             |                              |    |
| b.  | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42   | \$                           |    |  |    |    |  |    |    |                             |                              |    |
| c.  | Net mortgage/rental expense  | Subtract Line b from Line a. |    |  |    |    |  |    |    |                             |                              |    |
| 21  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |                              | \$ |  |    |    |  |    |    |                             |                              |    |
| 22A | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.<br><br>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.<br><br><input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br><br>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).  |                              | \$ |  |    |    |  |    |    |                             |                              |    |
| 22B | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   |                              | \$ |  |    |    |  |    |    |                             |                              |    |

|    |   |                              |   |    |    |    |  |    |    |   |                              |  |
|----|---|------------------------------|---|----|----|----|--|----|----|---|------------------------------|--|
| 23 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="text-align: right;">\$</td> <td rowspan="3" style="vertical-align: middle; text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table> | a.                           | IRS Transportation Standards, Ownership Costs | \$ | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. |  |
| a. | IRS Transportation Standards, Ownership Costs   | \$                           | \$  |    |    |    |  |    |    |   |                              |  |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42  | \$                           |   |    |    |    |  |    |    |   |                              |  |
| c. | Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a. |   |    |    |    |  |    |    |   |                              |  |
| 24 | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="text-align: right;">\$</td> <td rowspan="3" style="vertical-align: middle; text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>  | a.                           | IRS Transportation Standards, Ownership Costs | \$ | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. |  |
| a. | IRS Transportation Standards, Ownership Costs   | \$                           | \$  |    |    |    |  |    |    |   |                              |  |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  | \$                           |   |    |    |    |  |    |    |   |                              |  |
| c. | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a. |   |    |    |    |  |    |    |   |                              |  |
| 25 | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social-security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>  |                              |   |    |    |    |  |    |    |   |                              |  |
| 26 | <p><b>Other Necessary Expenses: mandatory payroll deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>  | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 27 | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>  | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 28 | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b></p>   | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 29 | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>   | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 30 | <p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>  | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 31 | <p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b></p>   | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 32 | <p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service -- such as pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>   | \$                           |   |    |    |    |  |    |    |   |                              |  |
| 33 | <p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32</p>  | \$                           |   |    |    |    |  |    |    |   |                              |  |

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

|  |   |                        |    |
|--|---|------------------------|----|
| <b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. |   |                        |    |
| 34   | a.  | Health Insurance       | \$ |
|  | b.  | Disability Insurance   | \$ |
|  | c.  | Health Savings Account | \$ |
| Total and enter on Line 34   |   |                        |    |
| <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:<br>\$ _____   |   |                        |    |
| 35   | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  |                        |    |
| 36   | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |                        |    |
| 37   | <b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that reasonable and necessary and not already accounted for in the IRS Standards.</b>   |                        |    |
| 38   | <b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>             |                        |    |
| 39   | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b> |                        |    |
| 40   | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   |                        |    |
| 41   | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40   |                        |    |

**Subpart C: Deductions for Debt Payment**

|   |                  |                            |                         |  |
|---|------------------|----------------------------|-------------------------|--|
| <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in your own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. |                  |                            |                         |  |
| 42  | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance?                 |
|   | a.               |                            | \$                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | b.               |                            | \$                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | c.               |                            | \$                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | d.               |                            | \$                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | e.               |                            | \$                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Total: Add Lines a - e  |                  |                            |                         | \$   |

|  |  |  |                               |    |
|--|--|--|-------------------------------|----|
|  | <b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  |  |                               |    |
| 43   | Name of Creditor   | Property Securing the Debt   | 1/60th of the Cure Amount     |    |
|  | a.   |  | \$                            |    |
|  | b.   |  | \$                            |    |
|  | c.   |  | \$                            |    |
|  | d.   |  | \$                            |    |
|  | e.   |  | \$                            |    |
|  |  |  | Total: Add Lines a - e        | \$ |
| 44   | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>   |  |                               | \$ |
|  | <b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.   |  |                               |    |
| 45   | a.   | Projected average monthly Chapter 13 plan payment.   | \$                            |    |
|  | b.   | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x                             |    |
|  | C.   | Average monthly administrative expense of Chapter 13 case  | Total: Multiply Lines a and b | \$ |
| 46   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.  |  |                               | \$ |
| <b>Subpart D: Total Deductions from Income</b>           |  |  |                               |    |
| 47   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.   |  |                               | \$ |
| <b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b> |  |  |                               |    |
| 48   | <b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>  |  |                               | \$ |
| 49   | <b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>   |  |                               | \$ |
| 50   | <b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result   |  |                               | \$ |
| 51   | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   |  |                               | \$ |
|  | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.  |  |                               |    |
| 52   | <input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.<br><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55). |  |                               |    |
| 53   | <b>Enter the amount of your total non-priority unsecured debt</b>  |  |                               | \$ |
| 54   | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.  |  |                               | \$ |
|  | <b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.  |  |                               |    |
| 55   | <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.<br><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |  |                               |    |

**PART VII. ADDITIONAL EXPENSE CLAIMS**

| 56                           | <p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 70%;">Expense Description</th> <th style="width: 20%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td align="right" style="padding-right: 10px;">Total: Add Lines a, b, and c</td> <td></td> <td>\$</td> </tr> </tbody> </table> |                |  | Expense Description | Monthly Amount | a. |  | \$ | b. |  | \$ | c. |  | \$ | Total: Add Lines a, b, and c |  | \$ |
|------------------------------|---|----------------|--|---------------------|----------------|----|--|----|----|--|----|----|--|----|------------------------------|--|----|
|                              | Expense Description   | Monthly Amount |  |                     |                |    |  |    |    |  |    |    |  |    |                              |  |    |
| a.                           |   | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |                              |  |    |
| b.                           |   | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |                              |  |    |
| c.                           |   | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |                              |  |    |
| Total: Add Lines a, b, and c |   | \$             |  |                     |                |    |  |    |    |  |    |    |  |    |                              |  |    |

**Part VIII: VERIFICATION**

|    |   |  |
|----|---|--|
| 57 | <p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: _____ Signature: <u>/s/ Todd Michael McKnight</u> _____<br/>           (Debtor)</p> <p>Date: _____ Signature: _____<br/>           (Joint Debtor, if any )</p> |  |
|----|---|--|

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI**

In re *Todd Michael McKnight*

Case No.  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |          |
|---|----|----------|
| For legal services, I have agreed to accept .....           | \$ | 1,000.00 |
| Prior to the filing of this statement I have received ..... | \$ | 626.00   |
| Balance Due .....   | \$ | 374.00   |

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearing thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed].

*None*

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

*Representation of the debtor in adversary proceedings and other contested  
bankruptcy matters.*

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/08/2008

Date

/s/ Corey M. Swischer

Signature of Attorney

Corey M. Swischer

Name of Law Firm

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI

In re *Todd Michael McKnight*

Case No.  
Chapter 7

/ Debtor

Attorney for Debtor: *Corey M. Swischer*

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:

|   |                    |
|---|--------------------|
| a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . | \$ <u>1,000.00</u> |
| b) Prior to the filing of this statement, debtor(s) have paid . . . . .   | \$ <u>626.00</u>   |
| c) The unpaid balance due and payable is . . . . .  | \$ <u>374.00</u>   |
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated: *12/08/2008*

Respectfully submitted,

X /s/ *Corey M. Swischer*  
Attorney for Petitioner: *Corey M. Swischer*  
*Corey M. Swischer*  
*110 N. Cedar St.*  
*P.O. Box 565*  
*Nevada MO 64772*  
*(417) 667-3091*

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI**

In re **Todd Michael McKnight**

Case No.

Chapter 7

/ Debtor

Attorney for Debtor: **Corey M. Swischer**

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: 12/08/2008

/s/ Todd Michael McKnight  
Debtor

ATLANTIC CRD  
P O BOX 13386  
ROANOKE VA 24033

Capital One Bank  
P O Box 85520  
Richmond VA 23285

Chase Manhattan Mtge  
3415 Vision Dr  
Columbus OH 43219

Directv Inc  
P O Box 6550  
Greenwood Villag Co 80155-6550

HSBC Bank  
PO Box 5253  
Carol Stream IL 60197

IRS Insolvency Unit  
P O Box 21125  
Philadelphia PA 19114

Kansas Department of Revenue  
Ind income tax correspondence  
915 SW Harrison Street  
Topeka KS 66699-1000

Linda McKnight  
1943 Chickadee Dr  
Webb City MO 64870

Missouri Department of Revenue  
Individual Income Tax  
PO Box 385  
Jefferson City MO 65105-0385

Portfolio  
120 Corporate Blvd Ste 100  
Norfolk VA 23502

PORTFOLIO RECVRY&AFFIL  
120 CORPORATE BLVD STE 1  
NORFOLK VA 23502

US Attorney's Office  
Room 5510  
400 E 9th Street  
Kansas City MO 64106

Us Bank  
PO Box 5227  
Cincinnati OH 45201

US Department of Education  
400 Maryland Avenue SW  
Washington DC 20202

Verizon Wireless Bankruptcy  
PO Box 3397  
Bloomington IL 61702

Washington Mutual Card Service  
PO Box 660509  
Dallas TX 75266-0509